

§391.41 Physical Qualifications for Drivers

(a) A person shall not drive a commercial motor vehicle unless they are physically qualified to do so and, except as provided in §391.67, has on their person the original, or a photocopy, of a medical examiner's certificate that they are physically qualified to drive a commercial motor vehicle safely.

(b) A person is physically qualified to drive a commercial motor vehicle if that person -

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver pursuant to §391.49;

Q. Are you missing a hand, foot, arm or leg? _____ (Y/N)

(2) Has no impairment of:

(i) A hand or finger which interferes with prehension or power grasping; or

(ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle safely; or has been granted a waiver pursuant to §391.49;

Q. Do you have an impairment of a hand or finger which interferes with your ability to grasp? _____ (Y/N)

Q. Do you have an impairment of a hand, foot, arm or leg which interferes with your ability to perform normal tasks associated with operating a commercial motor vehicle safely; or any significant limb defect or limitation which interferes with your ability to perform normal tasks associated with operating

**a commercial motor vehicle safely?
_____ (Y/N)**

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

**Q. Do you have an established medical history or clinical diagnosis of diabetes currently requiring insulin for control?
_____ (Y/N)**

(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;

Q. Do you have an established medical history or clinical diagnosis of any form of heart disease? _____ (Y/N)

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with their ability to control and drive a commercial motor vehicle safely;

Q. Do you have an established medical history or clinical diagnosis of any form of respiratory or pulmonary (lung) dysfunction? _____ (Y/N)

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with their ability to operate a commercial motor vehicle safely;

Q. Do you have an established medical history or clinical diagnosis of high blood pressure? _____ (Y/N)

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with their ability to control and operate a commercial motor vehicle;

Q. Do you have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with your ability to operate a commercial motor vehicle safely? _____ (Y/N)

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;

Q. Do you have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause you to lose consciousness or lose your ability to control a commercial motor vehicle? _____ (Y/N)

Q. Do you currently take anticonvulsive medication? _____ (Y/N)

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with their ability to drive a commercial motor vehicle safely;

Q. Do you have an established medical history or clinical diagnosis of mental, nervous, organic or functional disorder likely to interfere with your ability to operate and control a commercial motor vehicle safely? _____ (Y/N)

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

Q. Is your vision 20/40 or better in each eye with or without corrective lenses? _____ (Y/N)

Q. Is your field of vision at least 70° in the horizontal Meridian in each eye? _____ (Y/N)

Q. Do you suffer from color blindness that would interfere with your ability to recognize the standard red, green, and amber colors of traffic control signals and devices? _____ (Y/N)

(11) First perceives a forced whispered voice in the better ear of not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standards (formerly ASA Standard) Z24.5 -1951;

Q. Are you hearing impaired to the degree that a hearing aid is not helpful? _____ (Y/N)

(12) Does not use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug, except that a driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who: is familiar with the driver's medical history and assigned duties; and has advised the driver that the prescribed substance or drug will not adversely affect their ability to safely operate a commercial motor vehicle;

Q. Do you use illegal drugs? _____ (Y/N)

Q. Are you taking any habit-forming prescription drug or drugs that may interfere with your ability to operate a commercial motor vehicle safely? _____ (Y/N)

(13) Has no current clinical diagnosis of alcoholism.

Q. Do you have an established medical history or clinical diagnosis of the disease of alcoholism? _____ (Y/N)

No refund of fees will be made to any CDL applicant who is unable to meet the minimum physical qualifications to obtain a CDL.

I hereby certify that the answers to these questions are true to the best of my knowledge and belief.

(Signature)

(Date)

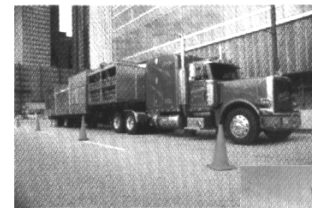
The Connecticut Department of Motor Vehicles, Medical Qualification Division, has a waiver program for applicants with the following physical conditions or impairments:

- Vision Waivers
- Diabetic Waivers
- Loss or impairment of limb Waivers

Please call 860-263-5223 for complete information regarding the waiver program.

A Public Service of the:
State of Connecticut
Department of Motor Vehicles
60 State Street
Wethersfield, CT. 06161

Medical Requirements for Commercial Drivers



John G. Rowland
Governor

Gary J. DeFilippo
Commissioner

**State of Connecticut
Department of Motor Vehicles
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<http://dmvct.org>